Is complete the applicable section. (Make any corrections if necessary.) 2. Sign and date the application. 3. Make a check or money order payable to: 4. Return check and signed application by*: 10: FRANKLIN COUNTY BOARD OF HEALTH 280 E. BROAD ST, ROOM 200 (2ND FL) COLUMBUS, OHIO 43215 There is a mandatory penalty fee of \$50 or 25% of the renewal fee, which ever is lesser for operating a food service operation cood establishment after the deadline (Chapter 3717 of the Ohio Revised Code). **affore license application can be processed the application must be completed and the indicated fee submitted. Failure to completed are fracility. **Affore any of Fac # Check # application and remit the proper fee will result in not issuing/renewing a ficense. This action is governed by Ohio Revised Code and of Facility. **None # Fac # Check # applicable Catering Sea **Interest State 2IP **Interest Check # applicable Catering Sea **Interest Check # applicable **Interest Check # application **Interest Check # app	Application for a Li	icense to Co	onduct a: (che	ck only one		e Operation Establishment
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